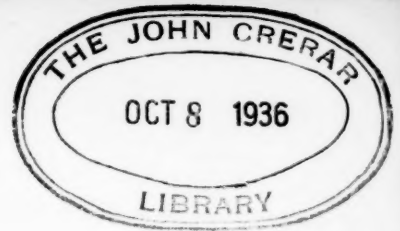


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THE

# Child

Monthly News Summary

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## CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

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## UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY



# THE CHILD — MONTHLY NEWS SUMMARY

Volume 1, Number 3

September 1936

## THE SOCIAL SECURITY PROGRAM FOR CHILDREN

### AID TO DEPENDENT CHILDREN UNDER THE SOCIAL SECURITY ACT

BY JANE M. HOEY, DIRECTOR,  
BUREAU OF PUBLIC ASSISTANCE, SOCIAL SECURITY BOARD.

**A**ID to dependent children is one of four provisions of the Social Security Act designed to safeguard childhood and to increase its opportunities for wholesome surroundings, healthy bodies, and a good start in life. This section of the Act is administered by the Social Security Board; its other services to children--maternal and child health, crippled children, and child welfare--are administered by the Children's Bureau of the Department of Labor. The activities carried on by these two agencies complement each other and together form a coordinated program through which this country is now undertaking a concerted attack upon some of the most urgent needs of its children.

The purpose of providing aid to dependent children is not only to keep these children from want but also to make it possible for them to live in their own homes. To this end cash allowances, paid by the States with Federal cooperation and financial assistance, are made available. Similar provision is made under the Act for the needy aged and the blind; the Federal grants to the States for all three of these measures are administered by the Bureau of Public Assistance of the Social Security Board.

In order to receive these Federal grants for public assistance, a State must set up a plan in conformity with the Social Security Act. The Social Security Board makes grants to all States with approved plans--but the State must take the initiative. Needs and resources vary from State to State; the broad requirements of the Social Security Act give every State opportunity to set up a plan in line with local conditions. The Act simply requires that the State share in the expense, that the plan be mandatory upon all its subdivisions, that it be either administered or supervised by a single State agency, that it assure the right to a fair hearing before this agency to those whose applications are denied, and that it conform to the Act as to age and residence requirements as well as in some other respects.

#### *Provisions of the Act Relating to Dependent Children*

A dependent child is defined under the Act as one under 16 years of age who has been deprived of parental support or care because of the death, continued absence from home, or incapacity, either physical or mental, of the parent. He

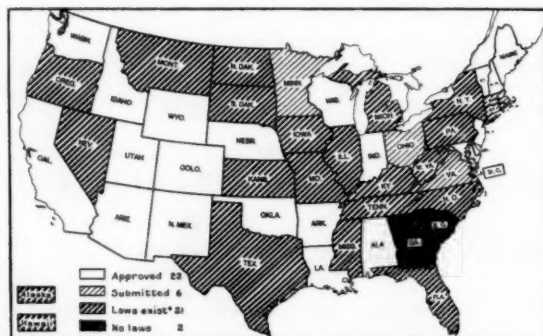
must be living in a home maintained by one of his parents or grandparents or by one of the following relatives: brother or sister, stepmother or stepfather, stepbrother or stepsister, uncle or aunt. Fed-

Federal, State, and local sources, the needs and resources of the family, and family-budget estimates based on the cost of living in the particular locality.

#### Progress of State Plans

The relative progress in Federal-State assistance to the needy aged and the blind and to dependent children, since Federal funds were made available last February, may be seen from the following figures for August 12. A total of 38 States, the District of Columbia, and Hawaii have approved plans for one or more of these three forms of assistance.

STATUS OF STATE PLANS AND LAWS FOR AID TO DEPENDENT CHILDREN, AUG. 10, 1936



\*This indicates merely that aid to dependent children may be granted within the State. No attempt is made to show whether existing laws afford an adequate basis for an approved plan under which Federal grants may be obtained in accordance with the Social Security Act.

eral grants are not made available for assistance to children living with more remote relatives, with unrelated persons, or in institutions. A State plan need not, however, include all the degrees of relationship mentioned in the Act. States may set up more liberal residence requirements than those stated in the Act, but no child may be denied assistance on the grounds of insufficient residence who has lived in the State for 1 year immediately preceding application, or who was born in the State within the year and whose mother has lived in the State for 1 year immediately preceding application.

To States with approved plans for aid to dependent children the Federal Government makes grants equal to one-third of the State's total expenditures, basing its contribution on maximum monthly payments of \$18 for the first child and \$12 for each additional child in the same family. This in no way limits the State, which may make its individual payments either higher or lower. They may be determined on the basis of the funds available from

Form of assistance	Number of States with approved plans	Estimated number of individuals receiving assistance*	Total amount of Federal grants
Aid to the aged	38	760,000	\$42,276,299.60
Aid to the blind	21	17,800	2,064,405.59
Aid to dependent children	22	184,000	4,313,281.54
Totals		961,800	\$48,653,986.73

\* These figures represent estimates of the numbers actually receiving assistance as of August 12. In many cases the States have estimated that when their plans are in full operation they will be giving assistance to a considerably larger number.

According to the best estimates available, there are approximately a million dependent children (within the meaning of the Act) in this country--about 200,000 more than the estimated number of needy aged. Yet 16 more State plans for assistance to the aged than for aid to dependent children have been put into effect during this first year of the Social Security Act. The difference in their rate of progress is due to several causes, chief of which is, perhaps, the newly awakened and widespread concern for the aged that has grown out of their difficulties during recent years. The fact that 6 State plans

for aid to dependent children are now before the Social Security Board for approval, as compared with 3 for each of the other groups, indicates, however, that while the needs of the aged have for the moment taken the lead, those of dependent children are not being overlooked.

#### *Background of Mothers' Aid Laws*

As a matter of fact, aid to dependent children has a long history in this country, and the section relating to this type of assistance in the Social Security Act is the outgrowth of more than a quarter century of experience. General recognition of the need for "mothers' aid" laws was given its initial impetus by the first White House conference on child welfare, held in 1909. The first State "mothers' aid" laws were passed in 1911, and within the next 10 years such laws were enacted in a majority of the States. Today they exist in 46 States, 2 Territories, and the District of Columbia. But although the States have accepted this responsibility in principle, in many sections of the country State and local revenues have not been sufficient to meet it. What the Social Security Act does is to offer the States Federal help in fulfilling an obligation to which they have long been committed but which many of them have found hard to support.

#### *Advantages of Aiding Children in Their Own Homes*

The Federal Government now makes itself a copartner with the States in providing assistance so that the homes of our dependent children need not be broken up by poverty. Every effort must, of course, be made to protect children from unfavorable home conditions. But in most cases keeping dependent children in their own homes has three great advantages:

*It is best for the child*, because normal home life is his surest guaranty of happiness and sound development not only for the present but also for the future.

There are many wholesome experiences which family life can best supply--the kind of discipline which includes more than mere "obedience," the give-and-take of doing and sharing with others, and the sense of solidarity and of "belonging"--and these are the bedrock of character and of self-sufficiency in adult life.

*It is best for the mother* or for the relative who is willing to assume a parent's responsibilities, because it gives a definite measure of security and the opportunity of planning ahead during the child's growing years. Even where individual grants are small, they are regular, "something to count on to see the children through." The mother can feel that in doing a good job with her children she is making a genuine contribution to society.

*It is best for society* because it is most economical and most effective. It costs less than other ways of meeting the same need, because families do not take care of their children for profit. In addition, we have learned from long experience in this field that, except for the relatively few children who benefit more from specialized institutional care, home life is best. As the strongest safeguard against future delinquency and dependency and for good citizenship, maintaining the child in his own home is the most effective means of fulfilling our obligation.

For this reason the Children's Charter, drafted in 1930 by the White House Conference on Child Health and Protection, names as one of its major objectives: "a home for every child and that love and security which a home provides." Aid to dependent children under the Social Security Act offers a practical plan whereby Federal, State, and local governments may work toward this goal.

This policy--of working through State-initiated and State-administered plans



supported in part by Federal grants-in-aid--follows well-tried American precedents. Not only is aid to dependent children founded on familiar principles and practices, but grants-in-aid have also been made for many years to assist States in public projects ranging from building highways and fighting forest fires to supporting certain educational measures. The present program is new only in that now for the first time Federal grants-in-aid are available for public assistance services.

#### *Cooperation of Local Agencies Essential*


It is self-evident that cooperation is the foundation of this program for the security and well-being of children. Not only the two Federal agencies and the various State agencies responsible for administration, but also the local agencies and the communities they serve are partners in this great enterprise. This cooperation cannot be effective unless each unit in the administrative machine is running smoothly. Most people realize that good administration and coordination of effort are essential in the State and Federal aspects of the program. But not everyone realizes that these are just as necessary in the local agencies.

In the administration of aid to dependent children the local agency is the one place where the "plan" and the people meet. In addition to deciding to whom and how much assistance shall be given, the local agency must keep in touch with every child throughout the years of his dependency. To make the most of this long-time

contact requires a staff with experience and skill. Families which need assistance for their children are frequently faced with other difficulties--social, economic, and health--not all of which can be met by a regular allowance, important as this is.

Preventive and corrective medical care, health and food needs, education and vocational training, behavior and discipline, recreation and play, family budgeting and planning--these are only a few of the problems on which the local worker must be prepared to give practical advice and counsel. The local worker must have insight into and sympathy with human problems, and experience in helping to solve them constructively. In addition, he or she must know how to cooperate with other community services available for health, education, recreation, and other needs. The adequate performance of this complex job requires a staff which has had both professional training and practical experience in social work.

However competent those responsible for this program may be, they can give full service neither to local communities nor to the country as a whole unless they receive active and intelligent public support. The Children's Bureau, the Social Security Board, the State and local agencies are working together to fulfill the stewardship entrusted to them by the people. And they can do this only if the people themselves understand and believe that the United States, in caring for its children, is making the wisest possible investment in the future of the nation.



## STATE PLANS IN ACTION

## A. Maternal and Child-Health Services

*Institutes in obstetrics and pediatrics* Intensive postgraduate courses in obstetrics or pediatrics or both have been offered to physicians in a number of States this summer, financed through the funds available under the State plans for maternal and child health.

In Texas, for example, the organization of postgraduate medical education and public health education program under the State Department of Health, Division of Maternal and Child Health, was sponsored by the State Medical Association of Texas in cooperation with the medical branch of the University of Texas, Baylor University College of Medicine, and the Texas State Dental Society. A postgraduate course in obstetrics and pediatrics was given for physicians in each of the 15 councilor districts of the State Medical Association. The course consisted of three 2-day sessions in each district, one session each month for three consecutive months. In connection with each session, a public-health education program was presented for the general public.

The demonstration method of teaching was used in the institutes, with clinic material and discussion. Motion pictures were also used.

The States in which institutes have been given include Florida, Georgia, Iowa, Kansas, Mississippi, Missouri, New Jersey, North Carolina, South Dakota, Texas, Virginia, West Virginia, and Wisconsin.

*Indiana dental unit* A dental unit specially constructed for children's dentistry has been completed and will operate as a trailer demonstrating the dental program planned jointly by the Indiana State Dental Association and the Bureau of Maternal and Child Health. The unit will first visit two counties where

there is unusual need for such service. (*Monthly Bulletin*, Indiana Division of Public Health, Indianapolis, vol. 39, no. 8 (August 1936). p. 132).

## B. Services for Crippled Children

*Idaho survey of crippled children* Through clinics for crippled children held in nine centers, 529 children were examined in Idaho up to July 1936 (*Public Health in Idaho*, Department of Public Welfare, Boise, July 10, 1936). Of these, 186 children were recommended for hospitalization. Of the remaining children, about 90 needed orthopedic shoes, 25 orthopedic appliances, 25 physiotherapy in some form, and a large number needed X-ray examination before adequate recommendations could be made. Seventy-five children were found to have adequate care through other agencies. A number of children whose condition was not orthopedic attended and were examined and referred to the appropriate agency.

*Orthopedic program in New Hampshire* The New Hampshire plan for services for crippled children provides for the development of three new orthopedic clinics, in areas not covered by the existing services of private agencies. It also provides for part-time orthopedic surgeons, a full-time public-health nurse with training in physiotherapy, and eventually for the establishment of a center where complete treatment will be possible for every case needing it. (*Health*, State Board of Health, Concord, July 1936).

*Diagnostic clinics in New Mexico* The New Mexico Bureau of Child Welfare reports that 482 of the total number of 1,211 crippled children known to the Bureau were examined in diagnostic clinics during the quarter ended June 30, 1936. Of these 68 cases were hospitalized. The plans for 1937 call for holding of additional clinics and for hospitalization of 248 cases.

*North Carolina services for crippled children* Three months after the field work on the North Carolina program for crippled children under the Social Security Act began in April 1936, fifty boys and girls were already convalescing from operations to correct their deformities. More than 100 had been assigned to hospitals for treatment, and it was expected that this number soon would be greatly increased (Raleigh, N.C., *News*, July 26, 1936). Examinations and diagnoses have already disclosed more than 1,200 children in need of orthopedic care and treatment, and it is estimated that there are approximately 12,000 crippled children in the State.

Twelve crippled children's clinics are now operating in North Carolina, located so as to serve wide areas. Three other clinics are in process of organization. Nine orthopedic surgeons and 20 selected general hospitals, in addition to the North Carolina Orthopedic Hospital at Gastonia, are cooperating in the program.

*Orthopedic schools in Wisconsin* An orthopedic school which opened in Green Bay, Wisc., in May 1936, is reported in *Smilin' Through* (Wisconsin Association for the Disabled, Madison, August 1936) to be growing so rapidly that it will probably double its enrollment by fall. The Eau Claire Orthopedic School has outgrown its present quarters and is moving to larger quarters with elevator service and a deep-water pool. The city of Racine will open an orthopedic school in September to provide for facilities for children within the city and surrounding area. During July three orthopedic field clinics were held

by the Crippled Children's Division under the auspices of county medical societies. (Grants-in-aid under title V, part 2 of the Social Security Act are not available for the educational parts of the program).

#### C. Child-Welfare Services

*Oklahoma Child-Welfare Division* The Oklahoma Social Security Act was adopted by popular vote on July 7, 1936. Among other things it provides for reorganization of the State Department of Public Welfare, creates a Division of Child Welfare in the State Department, and allocates one-half of 1 percent of the State Assistance Fund created by the Act for the Child-Welfare Division. The child-welfare services under the Social Security Act will be administered by this new Department. The establishment of State welfare work by legislation through popular vote is distinctly unusual.

*Mental hygiene developments* The plans for child-welfare services in the various States are showing interesting trends. One of these is the introduction or expansion of psychiatric social work in public-welfare departments. Among the plans recently approved four States, Alabama, Louisiana, North Carolina, and Vermont, expressed the need for a better State-wide understanding of mental-hygiene principles. Each hopes to employ an experienced psychiatric social worker on the State staff to give consultation service in special children's problems and to provide interpretation of the mental hygiene aspects of social case work to lay and professional groups.



# PROGRESS OF STATE PLANS FOR MATERNAL AND CHILD-WELFARE SERVICES

Steady progress is being made in the submission and approval of the State plans for the fiscal year ending June 30, 1937, for the three social-security programs which the Children's Bureau administers.

By September 15, the maternal and child-health plans for 1937 had been approved for 42 States, Alaska, the District of Columbia and Hawaii. Plans for services for crippled children for 1937 had been approved for 32 States, Alaska, and the District of Columbia. The 1937 plans for child-welfare services had been approved for 33 States.

Some States must await legislative action in relation to one or more of the

programs before they will be in position to secure approval of their plans.

## STATE PLANS\* UNDER SOCIAL SECURITY ACT (TITLE V, PARTS 1, 2, AND 3)

Type of service	States with plans approved for fiscal year 1936	Additional States cooperating in fiscal year 1937	States with plans approved for fiscal year 1937 (prior to Sept. 15, 1936)
Maternal and child-health services	49	1	45
Services for crippled children	38	2	34
Child-welfare services	34	7	33

\* Including District of Columbia, Alaska, and Hawaii

## ANNOUNCEMENT

It is planned to issue a social-statistics supplement to THE CHILD at approximately quarterly intervals, containing material similar to that appearing in the Social-Statistics Bulletin formerly issued by the Children's Bureau. Issuance of the Social-Statistics Bulletin was discontinued with the May 1936 number. The first Social-Statistics Supplement to THE CHILD will appear during the winter, probably in January, and will be sent to all who receive THE CHILD.

# MATERNAL, INFANT, AND CHILD HEALTH

## CONDITIONS AFFECTING CHILD HEALTH AND CHILD WELFARE IN DROUGHT AREAS

In response to reports of serious needs of mothers and children for medical and nursing care in certain sections of the drought areas the Children's Bureau in July, after conferring with representatives of the Federal agencies responsible for emergency drought relief programs, sent field representatives into the States of North Dakota, South Dakota, and Montana to make brief surveys of the situation. They conferred with State officials and visited localities most seriously affected by the drought.

The field reports give graphic pictures of the extent to which the drought has laid waste gardens and fields. In the eastern part of Montana, for example, from county after county came the report that there was literally nothing growing. Vegetable gardens had been eaten up by grasshoppers; sugar-beet crops had been destroyed by gray beetles.--"There is no hay--nothing....Up to the present time there has always been a little cattle feed, but there are not even thistles this year."

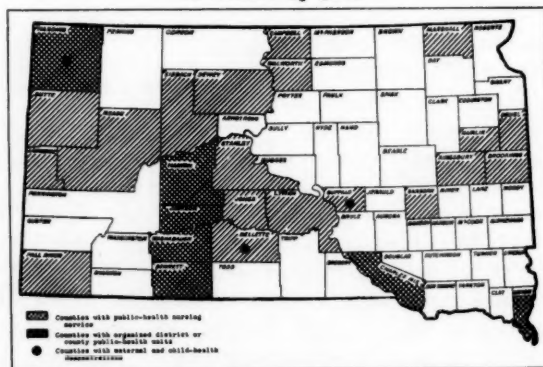
It was indicated that at least 50 percent of the families in South Dakota, and in some counties 75 percent, would be on relief of some kind this winter. In Montana, likewise, it was reported that large numbers of families which have never before received any form of assistance will be unable to provide for themselves during the coming winter. In North Dakota it was estimated that by fall one-third of the population would be on relief.

There appears to be desperate need for protective foods for children (milk, fruit, and vegetables) during the emergency and until the 1937 harvest is gathered. Facilities for medical care for mothers and children and for the general population become increasingly inaccessible as the gravity of the economic situation becomes more acute and the percentage of

population on relief mounts. In certain areas long distances to be travelled to reach medical care make it especially difficult for people without financial resources to obtain it. It is reported that many expectant mothers are planning to be delivered by neighbors.

The augmented program of health and welfare services made available for mothers and children through social-security funds is of special value under these conditions. In South Dakota, which was one of the earlier States to have plans approved for all three of the services carried on in cooperation with the United States Children's Bureau, the health program is well advanced. In this State

PUBLIC-HEALTH FACILITIES IN SOUTH DAKOTA  
UNDER THE SOCIAL SECURITY ACT  
TO AUGUST 1, 1936



the maternal and child-health budget contains an item for cod-liver oil to be distributed in the drought area, and in both North Dakota and South Dakota the rural public-health nurses will give special attention to the dietary needs of children. In Montana cooperation of the Works Progress Administration in increasing public health nursing services available to the State has been obtained, and the National Youth Administration is prepared to furnish clerical and other services at local nursing headquarters.

## NUTRITION STUDIES

*Food guide in preparation* At the request of the Resettlement Administration, the Children's Bureau of the Department of Labor and the Bureau of Home Economics and the Extension Service of the Department of Agriculture are co-operating in the preparation of a simple food guide for homemakers in the drought areas. The folder is planned primarily for families on ranches or farms where there will be little or no home-grown food until the next growing season. The subject matter deals with using money or other resources for food so as to conserve as far as possible the health of the family, with special attention to the needs of young children.

*British study of maternal nutrition* The People's League of Health, through a special committee of which James Young, professor of obstetrics and gynecology at the University of London, is chairman, proposes to investigate the influence of the nutrition of the expectant mother on maternal mortality and morbidity and on the physical state of the child.

The investigation will be carried out on large groups of women at certain London maternity hospitals that have agreed to cooperate. It is planned to provide expectant and nursing mothers with those elements "known to be defective in the average diet" and to study the effect of this diet on morbidity and mortality in the mother and on general development, stillbirth, neonatal death, and the success of lactation in the child.

(*Medical Officer*, London, vol. 56, no. 5 (Aug. 1, 1936), p. 44.)

## NOTES ON MATERNAL AND INFANT HEALTH

*New infant-mortality map* A new map, "Infant Mortality in the Counties of the United States, 1930-34," has been prepared in colors by the Children's Bureau, from figures supplied by the Bureau of the Census, and is ready for limited distribution.

*Chicago plan for care of premature infants* An article entitled "Mortality of New-Born Infants in Chicago During 1935 with Special Reference to the Premature" by Drs. Bundesen, Dahms, Fishbein, and Harmon, appeared in the *Journal of the American Medical Association* for July 25, 1936. The article states that in Chicago during 1935, of the 1,361 infants who died under 30 days of age, 795 (58.4 percent) were of less than 8½ months' gestation and were regarded as

premature by the physician. Eighty-four and eight-tenths percent weighed less than 5 pounds.

In an effort to save the lives of premature infants, the Board of Health surveyed the hospitals and rated them according to their facilities for caring for prematurely born infants; passed a regulation making premature births immediately reportable by telephone; provided an incubator ambulance to transport premature infants to adequately equipped hospitals; and obtained heated beds to be loaned to hospitals and homes where they are needed. A mothers' milk station was established to make breast milk available to premature and other infants needing it.

A second article, by Dr. Julius H. Hess, in the *Journal of the American Medical Association* for August 8, 1936 (The Chicago City-Wide Plan for the Care of

Premature Infants) discusses in detail the minimum requirements for hospital care of premature infants drawn up by the Board of Health and sent to every hospital in Chicago.

\* \* \* \*

*Maternity and child-welfare conference in Liverpool*

The official report of the National Conference on Maternity and Child Welfare held in Liver-

pool, England, during July is contained in *Mother and Child*, official organ of the National Council for Maternity and Child Welfare, for August 1936. The attendance of about 900 included representatives from India, Australia, and other Dominions. Dame Janet Campbell, M.D., M.S., who gave a paper on domiciliary midwifery, stated that the Midwives Bill then in Parliament will give a direct impetus to improving standards of maternity care in the home, by providing for salaried services of well-trained midwives working under reasonable conditions.

Other papers given at the Conference and published in *Mother and Child* include: The Influence of Prenatal Work upon Fetal and Neonatal Mortality, by A. Leyland Robinson, M.D. F.R.C.S.; and Rest and Convalescence as Factors in Maternal Welfare, by Katherine M. Hirst, M.D., B.S., D.P.H.

*Midwives Act*

The British Midwives Act amending the Midwives

Acts of 1902 and 1926 was passed on July 31, 1936. Its main purpose is to establish an adequate service of salaried and trained midwives, so as to ensure that every expectant mother, whatever her circumstances, will be able to obtain the services of a qualified midwife. (*Mother and Child*, London, vol.7, no. 6 (September 1936), p. 221.)

*Maternal deaths in New South Wales, 1929-33*

Among the conclusions of this study based on 1,073 maternal deaths

in New South Wales during the years 1929-33, are the following points: that in the majority of the deaths there was more than one influencing factor; that 60 percent of the deaths were from preventable causes; that 25 percent of the deaths were due to toxemia and 15 percent to septicemia. Mention is made of the limited success of prenatal care in the prevention of eclampsia and its importance as a preventive of deaths from various forms of dystocia.

The report of the investigation, which was carried on by Dr. Sydney Morris, Director-General of Public Health, and Elma S. Morgan, Director, Division of Maternal and Baby Welfare, has been published as an extract from the Report of the Director-General of Public Health, New South Wales, for the year 1934.

## BOOK AND PERIODICAL NOTES

### A. Nutrition

DIETS TO FIT THE FAMILY INCOME, by Rowena Schmidt Carpenter and Hazel K. Stiebeling. Farmers' Bulletin 1757, U.S. Department of Agriculture, Washington, September 1936.

A popular bulletin based on the diets at four levels of nutritive content and cost, first discussed in United States Department of Agriculture Circular 296, now out of print.

NUTRITION IN THE COMMUNITY. *The Commonwealth, Massachusetts Department of Public Health*, vol. 23, no. 1 (Jan.-Feb.-March 1936). 80 pp.

The place of the nutritionist in State and community programs of public health and welfare is discussed from the point of view of the health administrator, the pediatrician, and the public-health nurse. Nutritionists on the staff of the Massachusetts Department of Public Health and workers in public and private health and welfare agencies have contributed to a well-rounded symposium on nutrition service.



FOOD, HEALTH AND INCOME; report on a survey of adequacy of diet in relation to income, by John Boyd Orr. Macmillan & Co., London, 1936. 72 pp.

Instead of minimum requirements, this study considers optimum nutrition requirements. The tentative conclusion is that a diet completely adequate for health is reached at an income level above that of 50 percent of the population. The important aspect of the survey is the inadequacy found in the diets of the lower-income groups, and the markedly lower standard of health of the people, and especially of the children, in these groups.

#### B. Child Health

BEHAVIOR DEVELOPMENT IN INFANTS, by Evelyn Dewey. Columbia University Press, New York, 1936. 321 pp.

This is a survey of the literature from 1920 to 1934 on prenatal and postnatal infant activity, compiled for the use of the Normal Child Development Clinic. The clinic is conducted as part of a research program of the Neurological Institute for the study of the correlation of brain development with behavior development. The purpose of the survey was not to cover all the literature, but to select salient results and organize them according to the plan being followed by the clinic.

DETAILED STUDY ON DIPHTHERIA IMMUNIZATION, by H. H. Pansing, M.D., and E. R. Shaffer, M.D., F.A.P.H.A. *American Journal of Public Health*, vol. 26, no. 8 (August 1936), pp. 786-788.

A study made on 3 separate groups of school children, primarily of the first three grades, for the purpose of determining the efficiency and permanency of immunization against diphtheria by means of a single dose of 1 cc. of alum-precipitated toxoid. Early and high immunity, as determined by the Schick test, was found on the 28th and the 60th day after inoculation. However, 57.8 percent had lost this protection at the end of 2 years. A small group of children who were given a second dose had a somewhat higher percentage of immunity at the end of 2 years.

The author concludes that the effort to simplify the procedure by giving a single dose of toxoid results in a sacrifice of long-term immunity.

#### C. General Public Health

MANUAL OF COMMUNICABLE DISEASES FOR PUBLIC-HEALTH NURSES. New York State Department of Health, Albany, N.Y., 1936. 80 pp.

Issued jointly by the Division of

Public-Health Nursing and the Division of Communicable Diseases of the New York State Department of Health, this manual contains general information about communicable diseases and methods of control; details of procedure for immunization; directions for the collection of specimens for laboratory examination; outline of nursing procedures; and information on all communicable diseases reportable in New York State and three (impetigo, mumps, and scabies) which are not reportable in New York State.

COMMUNITY PUBLIC-HEALTH NURSING IN THE PHILIPPINE ISLANDS, by George C. Dunham, M.D., F.A.P.H.A. *American Journal of Public Health*, vol. 26, no. 8 (August 1936), pp. 771-777.

Description of the development of community social-health centers where combined health and social service is given with the family as a unit by nurses trained in public-health nursing and in social work. Four of these centers were opened under the United States Government during 1934 and 1935 in the slums of Manila where some 10,000 families with incomes of less than the 30 pesos (\$15 gold) a month estimated as necessary for a minimum normal standard of living are crowded together. The continuance in the insular budget for 1936 of the 1935 appropriation of \$45,000 (90,000 pesos) indicates that the work is recognized as a permanent activity. A 1935 appropriation of \$85,000 for public health nursing services in the Provinces has also been repeated in the 1936 budget, and public-health nurses have been sent to 149 of the more backward villages.

Because of the defective diet of the Filipinos, which consists mainly of rice and fish, conditions due directly or indirectly to malnutrition are prevalent, particularly infantile beriberi and lowered resistance to tuberculosis and other infectious diseases.

SCHOOL HEALTH IN HAWAII, by Theodore R. Rhea. *Public Health Nursing*, vol. 28, no. 6 (June 1936), pp. 367-371.

During 1935 more than 12,000 children were tested for tuberculosis; 77 percent of the 21,000 elementary-school children in Honolulu had complete dental correction; 35,000 five-cent lunches were served every day to school children in the Territory; all school children were weighed once a month, and special health classes were maintained in many schools, for physically handicapped children. A territory-wide vision-testing program has been in effect for the past four years.



# GENERAL CHILD WELFARE

## BOOK AND PERIODICAL NOTES

### A. For Adults

MARRIAGE AND FAMILY COUNSELING. *Parent Education*, National Council of Parent Education, vol. 3, nos. 1 and 2 (April 1 and May 15, 1936). 95 pp.

This single issue groups together articles by a number of specialists in the field of marriage and family counseling that interpret the history and development of the movement, discuss the qualifications and training needed by counselors, and describe available services.

SEX EDUCATION, by Maurice A. Bigelow. Revised edition. American Social Hygiene Association, New York, 1936. 307 pp.

Dr. Bigelow is professor of biology and director of the Institute of Practical Science Research, Teachers College, Columbia University. The most important changes made in this book which had been in use without revision for 20 years are in the following subjects: (1) history of the social-hygiene movement; (2) the venereal or social diseases in education; (3) morals and marriage; (4) literature cited. A new chapter "Notes and Discussions" has been added.

### B. Child Care and Child Training

TRAINING THE TODDLER IN SAFETY, by Garry Myers. Greenburg, N.Y., 1936. 29 pp.

Dr. Myers, who is vice-president of the Cleveland, O., Safety Council, points out the futility of reasoning, persuasion, and distraction "to keep the toddler from toddling into the street, from pulling at the gas jet, from reaching for pots and pans on the stove above his head or pulling down bottles from a medicine shelf," and describes a concrete method of training the very young child to associate immediate physical pain with specific known dangers so that he will avoid them.

SCIENCE AND THE YOUNG CHILD. 1936. 40 pp.  
MUSIC AND THE YOUNG CHILD. 1936. 32 pp. Bulletins of the Association for Childhood Education, Washington, D.C.

These two pamphlets discuss in brief space the part which music and science should play in the lives of young children, materials available, and teaching methods for preschool years, nursery school, and kindergarten.

The former, prepared by the science committee with Mary Floyd Babcock as chairman, lists worth-while science activities and available book material on animal and plant life and physical science with a brief summary of each.

The latter, compiled by Helen Christianson, chairman of the music committee of the Association, gives a list of recommended singing and rhythm material including song books, phonograph records, and handbooks.

### C. For Children

STORY PARADE. Published monthly by Story Parade, Inc., 70 Fifth Ave., New York.

The first issue of this new literary monthly for boys and girls appeared in January 1936. The magazine is designed "to foster appreciation of the arts among children through distribution of good literature, music, and pictures."

PICTURE SCRIPTS, a series. By Rebecca J. Coffin, Avah W. Hughes, Florence Matthews Tchaika, and Lula E. Wright, cooperating editors. Lincoln School of Teachers College, Columbia University, New York. Edward Stern & Co., New York, distributors. 1935.

An inexpensive series of booklets for children beginning to read, illustrated with excellent drawings and photographs. The titles include "A Story of Milk," "Owney, the Postal Dog," "Penny Penguin," "Fire! Fire!" and "Poems of Today."

# CHILD LABOR

## JUNIOR EMPLOYMENT COUNSELORS UNDER THE NATIONAL YOUTH ADMINISTRATION

BY MARY H. S. HAYES, DIRECTOR  
GUIDANCE AND PLACEMENT, NATIONAL YOUTH ADMINISTRATION

The National Youth Administration has tried to assist the young people of America through its school aid to enable those interested in further education to continue in college, high school, or trade school; and to provide, for those young people coming from relief families, an opportunity to work on NYA projects for approximately one-third of the time that adults work and for one-third of the wage appropriate to the locality and the type of work done.

In spite of those aids, however, it has recognized that what the great majority of young people want is "a regular job" and the NYA has therefore installed junior employment counselors in the offices of the State employment services in 28 cities of 11 States. During September employment counselors in 3 more States will be employed.

By this arrangement special efforts are being made to find jobs in private employment for young people, who because of their lack of experience are handicapped in the labor market, while at the same time the confusion is avoided of having more than one Government agency soliciting jobs from employers.

Due care is being taken also to make no effort to displace older workers in favor of this younger group, and to provide the more intensive service that younger workers need in getting started on a job.

The States selected so far are California, Connecticut, Illinois, Indiana, Iowa, Massachusetts, New Hampshire, New York, North Carolina, Virginia, and Texas. In September offices will be started in Florida, Kentucky, and Michigan.

During the months of March, April, May, June, and July 28,810 new young people came to these offices to be registered. This does not include those applicants who came into the office during that time but who had previously registered there. Of this group of new applicants 32 percent were under 18, fifty-six percent were between 18 and 21, and 12 percent were between 21 and 25.

Fifty-six percent had worked before and 44 percent had never worked.

Twenty-one percent of the new applicants had had only an 8th grade education or less.

Thirty-nine percent had had some high-school training.

Thirty-nine percent were high-school graduates or had had some college education.

One percent were college graduates.

Of the group of new applicants only 11 percent came from families who were on relief.

Six thousand four hundred and fifty-five placements were made on jobs in private industry, and 7,374 visits were made to employers to solicit jobs.

While the NYA will seek to make possible the keeping in school of young people up to the point where they have absorbed all that their capacities and the resources of the educational institutions make possible, the fact remains that one of the greatest needs of many young people is a job in private industry and the absorption by industry of these potential workers is the quickest way out of their depression situation.

## CHILD-LABOR LEGISLATION

The Children's Bureau has available for distribution "A Summary of State Laws Affecting the Employment of Minors in Factories and Stores," as of September 1, 1936. This shows the basic legal stand-

ards applicable to the employment of minors under 18 years of age in factories and stores, including standards relating to employment and age certificates. Compulsory school-attendance requirements are also given.

## BOOK AND PERIODICAL NOTES

*Child Labor*

HANDBOOK OF LABOR STATISTICS: 1933 EDITION. Bulletin No. 616. Bureau of Labor Statistics, U.S. Department of Labor, Washington, 1936. 1151 pp.

This edition of the Handbook summarizes published material on the subject of labor, including child labor, appearing during the past five years, supplementing the 1931 edition of the same publication.

JOB SPECIFICATIONS FOR THE COTTON-TEXTILE INDUSTRY, Occupational Research Program. Division of Standards and Research, U.S. Employment Service, Washington, June 1935. 254 pp.

A study of occupations in the cotton-textile industry was the first undertaken by the United States Employment Service in developing its occupational research program. This bulletin summarizes the results in the form of analyses of the jobs in textile mills, giving a description of the work, the machines, tools, and materials used, and the working conditions; and outlining the minimum qualifications for employment and the relation of the jobs to other work in the factory. Numerous illustrations of the machines, equipment, and work places are included.

OCCUPATIONS; a textbook for the educational, civic, and vocational guidance of boys and girls, by John M. Brewer. Ginn & Co., Boston, 1936. 322 pp.

In this "drastic revision" of an earlier edition issued in 1923, the author lays emphasis on the social aim of vocational guidance and on the simplification of vocational choice for the individual pupil. The problems of successful work in many occupations and the opportunities offered are discussed. Exercises and prob-

lems for the pupils and a 9-page bibliography are included.

The new material includes two introductory chapters on the changes that are taking place in industry and in methods of working, and on the basic needs that do not change, e.g., food, clothing, shelter, ethical principles; also chapters on educational guidance and on owning a business.

UNEMPLOYMENT OF YOUNG PERSONS IN AUSTRIA, *Industrial and Labour Information*, vol. 58, No. 6, (May 11, 1936), pp. 154-155.

In this article, taken from *Kultur und Politik*, March 1936, the author estimates the total number of unemployed persons under 26 in Austria at about 100,000. Young persons represent 28 percent of all unemployed, but the proportion of young workers employed was only 24 percent of all workers in employment. A comparison of census figures for 1910 with those of 1934 shows that the proportion of young workers is steadily declining in favor of the older element. A marked decline in the number of apprentices is also noted; this fell 44 percent in Vienna between 1928-29 and 1934-35.

Measures taken to assist the unemployed young persons include the voluntary labor service, vocational-training courses organized by employment exchanges; and the "Jugend in Not" association, which has maintained 100 centers for unemployed youth in winter and 42 in summer. Recommendations include general reduction in hours of work, and increase in the number of apprentices, and the expansion of land settlement.

## SOCIALLY HANDICAPPED CHILDREN

### REPORTING CHILDREN WITH SPECIAL NEEDS

*Children with impaired hearing to be reported in New York State* Every child under 6 years of age who is totally deaf or whose hearing has been impaired must be reported to the State Commissioner of Health under the provisions of ch. 856, New York State Laws of 1936 (*Health News*, New York State Department of Health, July 27, 1936, p. 118).

The law requires every attending or consulting physician, nurse, parent, or guardian having charge of any such minor to report at once the name, age, and residence of the child to the State Commissioner of Health, and to furnish such additional information as the commissioner shall require. If, on investigation, the commissioner finds that the child is not receiving adequate care and treatment, he must report the case to the appropriate welfare or other official or agency which may provide care and treatment. If the parent is unable to provide the cost of needed medical or surgical care, it shall be a charge against the local public-welfare district.

In each instance, the commissioner of health is required to notify the commissioner of education, who, when in his judgment it is desirable, shall communicate to the parent, guardian, official, or

agency responsible for the child the location of resident schools for the deaf or public schools having special classes for the deaf, and shall give information concerning the benefits that will accrue to the child from attendance at such school or class.

*English program for mentally defective children* The importance of after-care and home supervision for mentally defective children leaving special schools, as provided for in the Mental Deficiency Regulations, is emphasized anew by the British Board of Education in Memorandum No. 151, published in the *Times Educational Supplement* (London, June 27, 1936, p. 240) under the heading, "Ascertainment and Notification."

The supervision of the mentally defective in England is carried out by the Mental Deficiency Authority, whose duty it is to visit regularly children who have been reported and to arrange for their training. The memorandum points out the benefits of this care to the child and his relatives, when these duties are carried out by trained visitors who understand the needs of mentally defective children, especially during the transitional period after leaving the special school.

### RESEARCH NOTES

*Illegitimacy during the depression* An article in the *Statistical Bulletin* of the Metropolitan Life Insurance Company for July 1936, entitled "Illegitimacy During the Depression" (pp. 7-9), discusses the changing rate of illegitimate births in the United States. The author

points out that the rate rose by 12 percent from 1929 to 1934, while the legitimate birth rate decreased by 11 percent. The opinion is expressed that the increase was due to the economic situation and that it may be expected to subside with the return of prosperity. An interesting table



is given, showing illegitimate birth rates per 100,000 population in the United States, by geographic divisions, for the years 1929 to 1934.

*Juvenile-court procedure in Kentucky* In 1935 the Kentucky State Planning Board asked the Children's Bureau to undertake a survey of juvenile-court procedure in Kentucky, as part of the board's survey of the State's facilities for the promotion of health and social welfare.

This study showed that although the juvenile-court law of Kentucky is such as to make possible a socialized procedure of a high type, actually little that can be called juvenile-court organization and juvenile-court procedure exists.

The major recommendation made by the Children's Bureau as a result of this study was that the development of good juvenile-court procedure in Kentucky be achieved through the building up of general child-welfare services. Since the study was made a law providing for the reorganization of the State Department of Welfare has been passed, which will permit the development of county public-welfare units whose work will include services for children.

The report of the study, by Alice Scott Nutt of the Children's Bureau, has been mimeographed by the Kentucky State Planning Board (34 pp.).

## BOOK AND PERIODICAL NOTES

### *Socially Handicapped Children*

**CAN DELINQUENCY BE MEASURED?** by Sophia Moses Robison. Published for the Welfare Council of New York City by Columbia University Press. New York, 1936. 277 pp.

Undertaken in 1931 in response to pressure on the Welfare Council for reliable and valid delinquency rates and for what light might be shed on adult anti-social behavior from a study of juvenile-delinquency records, this study brings into question the validity of previous approaches to the problem of measurement. A second study dealing with causal relationships is under consideration.

The legal definition of delinquency is unsatisfactory, concludes this study, "both as a distinguishing description and as a tool for statistical measurement. The concept of delinquency as an entity at present remains undefined. . . . Group attitudes and group customs enter definitely into this concept of delinquency; whether or not the child's behavior will be considered social or anti-social is partially dependent on them."

The author believes that the data here presented indicate that "for the field of delinquency index-making is at present not feasible," and that the establishment of delinquency rates for areas in relation to their distance from the center of the city cannot be applied to New York.

**THE REPORT OF A SURVEY ON CORRECTIONAL INSTITUTIONS, PAROLE AND PROBATION**, by the Osborne Association, for the Sherrill Commission Survey of Ohio State Government. Osborne Association, 114 East 30th St., New York. Undated. 48 pp.

In regard to the State institutions for boy and girl delinquents in Ohio the Osborne Association reports lack of vocational training and general need for modernization of buildings, program, and methods. In the Ohio Bureau of Juvenile Research, however, it finds the promise of hopeful results and recommends adequate financing and further development of its program. Later chapters deal with parole, with probation, and with a minimum program for modernization of the entire penal system.

**THE RELATION BETWEEN HOUSING AND DELINQUENCY.** Research Bulletin No. 1. Federal Emergency Administration of Public Works, Housing Division, Washington, D.C. 101 pp. Mimeographed.

The study was undertaken to test the relationship between the bad housing prevalent in many of our large cities and anti-social conduct. Four hundred and fifty-four records of commitments to 5 Federal penitentiaries and 2 reformatories during June and July 1935, were analyzed; also the records of 521 children on probation in the District of Columbia in June



1935, and 2,020 individuals confined in New Jersey juvenile correctional and reformatory institutions in May 1935. The attempt was made at all possible points to compare the housing of the delinquents with that of the general population.

The delinquents studied were found to be handicapped with relation to every aspect of the housing situation--through overcrowding, especially in sleeping rooms; land crowding--inadequacy of light, ventilation, and wholesome recreation space; and by the presence in the neighborhood of pool halls, dance pavilions, beer halls, and disorderly houses. Negro delinquents were more disadvantageously situated than white delinquents.

**PREVENTING CRIME;** a symposium, by Sheldon Glueck, and Eleanor Glueck, editors. McGraw-Hill Book Co., New York, 1936. 509 pp.

The editors state that the title of this book is frankly optimistic. They have assembled 24 articles on crime-prevention experiments going on in the United States, their interest being not so much in details of operation as in underlying

principles and varieties of approach. In their own words, "Only time and evaluative research can determine the extent to which the programs described in this volume are actually preventing delinquency and criminality."

**BETWEEN SPIRES AND STACKS,** by Charles E. Hendry and Margaret T. Svendsen, Welfare Federation of Cleveland, 1936. 369 pp. Mimeographed.

A study of the needs of, and services to, boys in a local neighborhood of Cleveland. More than 200 adults and 133 boys participated in the study. The report presents a picture of the welfare-agency services and of the religious, educational, charitable, and economic factors that touched the lives of the boys.

**SOCIAL SERVICES FOR CHILDREN.** U.S. Department of Labor, Washington, 1936. 8 pp.

A small folder prepared by the Children's Bureau for distribution at the Texas Centennial Exposition. Describes briefly the kinds of social services for children that every community should be able to give.

## EVENTS OF INTEREST

**Radio forum** The American Academy of Pediatrics has agreed to join with the National Congress of Parents and Teachers in sponsoring a radio forum on *Growth and Development of the Child*, which is to be broadcast weekly over a coast to coast hook-up on NBC during the fall and winter. The introductory talk is scheduled for October 14 and will be given by Lawrence K. Frank, Associate Director of Education, General Education Board. On October 21 Professor Ross G. Harrison of Yale University will discuss *Biology of Growth*; and on October 28 a talk on *Prenatal Growth* will be given by George L. Streeter, Director, Department of Embryology, Carnegie Institution of Washington. The series is planned to continue through April.

**Third International Conference of Social Work**

Some 200 American social workers attended the first session of the Third International Conference on Social Work in London on July 12, 1936. There were eight general meetings during the week and three meetings of each of the five Commissions: Health, Education and Recreation, Material Welfare, Social Adjustment or Case Work, and Unemployment. An account of the meetings, by June Purcell Guild, appeared in the *Survey* bi-monthly for August 1936.

There were six Americans on the program, out of a total of 22 speakers. They were C. M. Bookman, M. Antionette Cannon, J. T. Nicholson, Margaret E. Rich, Dorothy Kahn, and Katharine F. Lenroot. Dr. Ellen

C. Potter read excerpts from the address of Miss Lenroot, who was unable to attend. She reported that the Conference promoted the realization among those present that all are dealing each in a different way with common problems involving certain fundamental principles.

*Road safety for children* The London County Council has launched a campaign for securing additional precautions against road accidents to school children in the metropolitan area. One phase of the problem, in addition to the increasing danger, is the hardship to mothers who, though already overburdened with domestic duties, feel they must accompany the children to and from school. (*The New Statesman and Nation*, August 1, 1936, p. 147).

#### CONFERENCE CALENDAR

- |                 |   |
|-----------------|---|
| Oct. 5-9,       | National Safety Council, Twenty-fifth national safety congress and exposition, Atlantic City, N. J. Child education section, Oct. 6-7 -- A working conference on programs and curricula for safety education. |
| Oct. 20-23,     | American Public Health Association. Sixty-fifth annual convention, New Orleans, La.   |
| Oct. 30-Nov. 1, | Society for Research in Child Development. Second biennial meeting, Washington, D.C. Exhibits and demonstration open throughout the meetings.   |
| Nov. 11-14,     | National Council of Parent Education. Fifth biennial conference, Chicago.   |
| Nov. 17-20,     | Southern Medical Association. Baltimore, Md.  |
| Dec. 3-5,       | National Society for the Prevention of Blindness. Annual conference, Columbus, O.   |



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